

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
STATEMENT OF INFORMATION
FOR
SENATORS AND REPRESENTATIVES
(See reverse side for instructions)

1. (a) Full Name of Representative or Senator	2. Date Term Commenced
(b) Home Address (Number and Street)	3. OCF Identification Number
(c) City, State, and Zip Code	4. Is this Statement an amendment? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
(d) Office Address (Number and Street)	(f) Home Phone Number (include area code)
(e) City, State, and Zip Code	(g) Office Phone Number (include area code)

DESIGNATION OF STATEHOOD FUND DEPOSITORY (RIES)

5. Banks or other Depositories: List all banks or other depositories in which the official deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

FULL NAME	MAILING ADDRESS and ZIP CODE	TITLE/POSITION
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a.

b.

6. List the name, title, address, and phone number of each person authorized to make withdrawals or payments out of the statehood fund's bank account (s).
(Attach a separate sheets, if necessary)

FULL NAME	MAILING ADDRESS and ZIP CODE	TITLE/POSITION
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a.

b.

7. FINANCIAL OFFICER: List the name, address, and phone number of the financial officer of the fund or any designated agent (i.e., assistant financial officer), if applicable.

FULL NAME	MAILING ADDRESS and ZIP CODE	Phone (Daytime)	TITLE/POSITION
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a.

b.

8. CUSTODIAN OF RECORDS: Identify by name, address, phone number, and position, the person(s) in possession of statehood fund books and records.

FULL NAME	MAILING ADDRESS and ZIP CODE	Phone (Daytime)	TITLE/POSITION
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a.

b.

I certify that I have examined this statement and to the best of my knowledge and belief it is true, correct and complete.

For Further Information, contact:
OFFICE OF CAMPAIGN FINANCE
2000 14th Street, N.W., Suite 433
Washington, DC 20009
(202) 671-0547

Type or Print Name of Senator or Representative

SIGNATURE of Senator or Representative

DATE

Subscribed and sworn before me this _____ day of _____ 20__

Notary Public

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of D.C. Official Code §1-1103.05 and §1-1107.01(2001 Edition)